

Date _____

The Jean Tweed Centre



For Women & Their Families

VOLUNTEER APPLICATION FORM

NAME						
ADDRESS	STREET					
	CITY		PROV		PC	
PHONE NUMBER	HOME					
	WORK					
	CELL					
EMAIL						
CURRENT JOB/SCHOOL						
PREVIOUS EXPERIENCE						
WHY JTC?						

AVAILABILITY							
DAYS	SUN	MON	TUES	WED	THURS	FRI	SAT
HOURS							
FLEXIBILITY IN HOURS?	Y	N	COMMENTS				
TRANSPORTATION?	Y	N	COMMENTS				
COUNSELING/GROUP/ADDICTION EXPERIENCE?					Y	N	
COMMENTS							

JTC USE ONLY

FOLLOW-UP REQUESTED?	
OUTCOME	
NOTES	